

Access or Correction Request

Freedom of Information and Protection of Privacy Act
Municipal Freedom of Information and Protection of Privacy Act

Please see instructions on page 2 before filling out this form

A. Type of Request

- ☒ Access to general records (non-personal information)
☐ Access to own personal information
☐ Access to other's personal information by authorized party
☐ Correction of own personal information

Name of institution request made to

Ministry of Training, Colleges and Universities

B. Requester's Information

| | | | | |
|-----------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------|--|-------------------------------|
| Last name Robaey | | First name Alexandre | | Middle initial |
| Unit/Apt. no. | Street no. 70 | Street name Marlborough | | PO box |
| City/Town Ottawa | | Province Ontario | | Postal code K1N 8E9 |
| Home phone no. (include area code) 514-591-4431 | | Business/Mobile phone no. (include area code & extension) 514-591-4431 | | |

C. Description of Records or Correction Requested

I am applying for access to the following records:

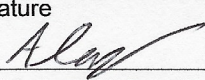
Any financial information, document or internal communication such as budget drafts, reports, memos and official correspondence concerning funding for the planned French-language university in Toronto that was cancelled in November 2018. I would only like access to documents in the time range from January 1 2018 to the present.

Please include other records already released under the Access to Information Act by Canada Post on this subject. Please call if any clarification is needed.

Alexandre Robaey
70 Marlborough Avenue
514-591-4431

| | | | |
|----------------------------------------|--------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| Time period of the records | | Method of access | |
| From (yyyy/mm/dd) 2018/01/01 | To (yyyy/mm/dd) 2019/02/18 | <input checked="" type="checkbox"/> Receive copy | <input type="checkbox"/> Examine original (on site only) |

D. Payment and Signature

| | | | |
|--------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-------------------|
| \$5 application fee | | Signature | Date (yyyy/mm/dd) |
| <input checked="" type="checkbox"/> Cheque | <input type="checkbox"/> Cash (in person only) |  | 2019/02/18 |

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act or Municipal Freedom of Information and Protection of Privacy Act and will be used to answer your request.

Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where you make the request.

E. Institution Use Only

| | | |
|----------------------------|-------------|----------|
| Date received (yyyy/mm/dd) | Request no. | Comments |
| | | |

Available on-line at ontario.ca. This form will be kept for 6 years from the date of completion. Once completed, this form has a sensitivity level of medium.